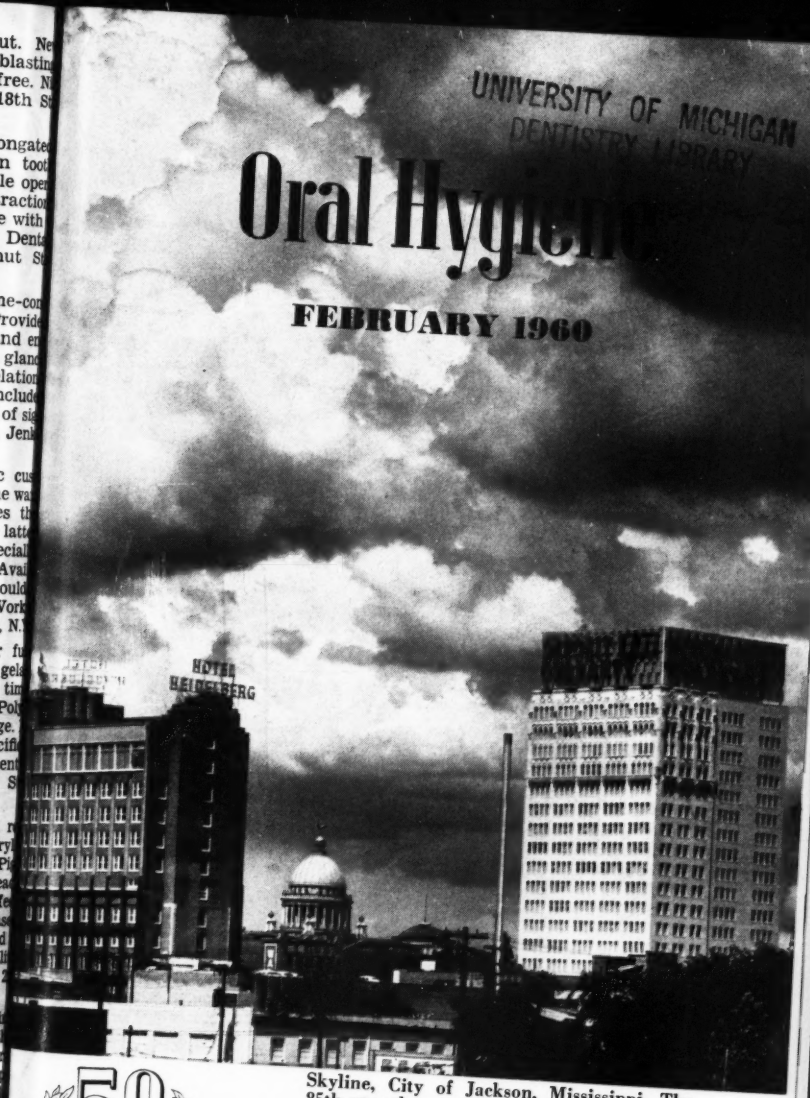
Oral Hygiene

FEBRUARY 1960



Skyline, City of Jackson, Mississippi. The 85th annual meeting of the Mississippi Dental Association will be held in Jackson, April 24-27.

In this issue:

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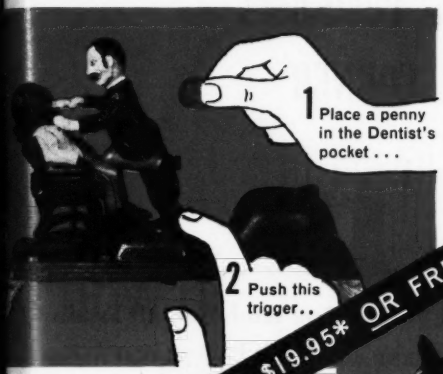

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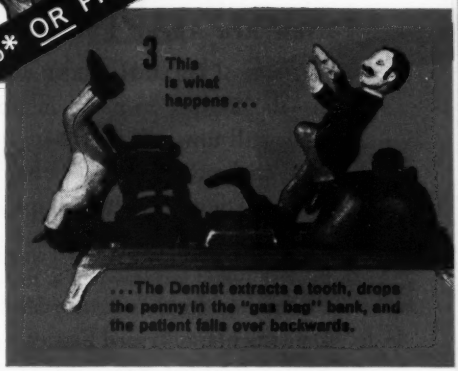

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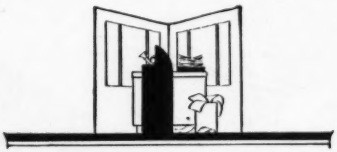

No. 463

New Era Ahead For Dentists And Dental Trade

THIS ISSUE of ORAL HYGIENE will reach over 94,000 individuals—the highest number in our 50-year history—and the trend is still upward! To whom do these copies go? Mainly to practicing dentists, of course, but also to members of the trade.

With the thought that a complete breakdown of the coverage would be of interest to dentists generally, we are giving the figures below:

Practicing dentists in the 50 United States ..	85,000
Dentists in the Armed Forces	668*
Senior dental students	3,192**
Retail dental supply houses and their sales personnel	2,691***
Dental college deans	74
Retired dentists, libraries, educational institutions, government agencies, etc.	572
Dental manufacturers and their salesmen, advertising agencies	2,233
TOTAL	94,430

(*Continued on page* 8)

*This figure does not constitute all dentists in the armed forces; instead only those who have requested that ORAL HYGIENE be sent.
**This coverage is omitted in July, August and September.
***Of this total over 300 copies go to dental dealers outside of the United States.

BER

ou how quiet the new Weber ally is!

New Small Head — Note the small Weber head in the molar region of a four-year-old child. There's plenty of room all around it.

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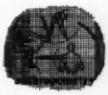

The WEBER DENTAL Manufacturing Company, Canton 5, Ohio

The increase in ORAL HYGIENE's practicing-dentist classification since World War II has been constant:

1945....55,664****	1955....73,769
1950....70,098	1960....85,000

Further evidence of the new era ahead for dentistry and the dental trade is contained in a late news release from the American Dental Association. In commenting on an A.D.A. grant of $50,000 to the Fund for Dental Education, Association President Dr. Paul H. Jeserich, said: "I firmly believe the promise of the dental profession lies in advancement and continuing improvement of its program for dental education." He then cited statistics which indicate that by 1975 U.S. dental schools may have to double their present annual total of graduates in order to maintain the present dentist-population ratio.

This, Doctor Jeserich pointed out, could involve increasing the schools' annual output from 3,100 to 6,180. Increased output in turn would give the U.S. up to 130,000 practicing dentists in a decade or so.

There are 47 dental schools in the U.S. now. The A.D.A. President foresees the possible need for 22 more schools if the anticipated goal is to be reached by 1975. As a help to attain this goal, ORAL HYGIENE urges dentists and dental tradesmen to support the Fund for Dental Education. For further information about the latter, we refer you to a story published in March 1959 ORAL HYGIENE (page 49), written by Dr. Maynard K. Hine, the Fund's president.

There are countless valid reasons for enthusiasm about the new era in which we are entering, but most important of all is the fact that the American public will be assured of the availability of adequate dental care as the years march on.

****During the war years ORAL HYGIENE was sent every month to thousands of dentists in service but the coverage was not regarded as practicing-dentist coverage.

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BPA REGISTERED IN U. S. PATENT OFFICE NBP

Total circulation this issue more than 94,000 copies

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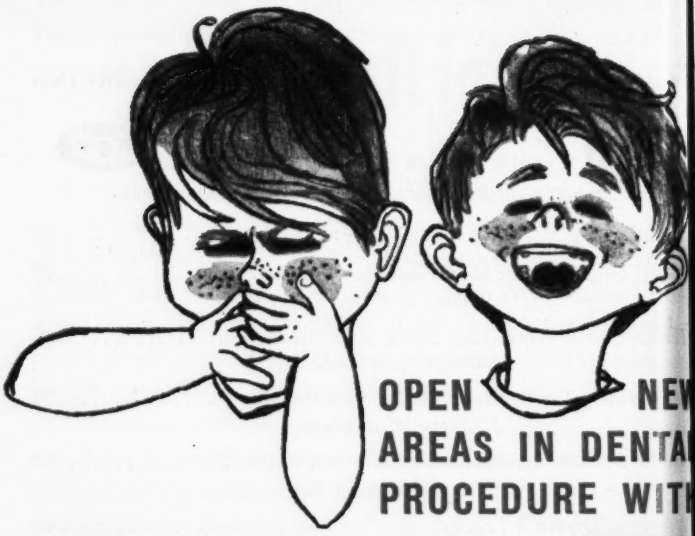

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ATARAX turns "nervous, anxious patients . . . into calm, cooperative patients."[1] One or two teaspoons will usually allay anxiety within 10 to 15 minutes.[2] In surgical procedures, you can prescribe **ATARAX** (tablets or syrup) ahead of time; repeat in the office.

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Dosage: Adults, one 25 mg. tablet, or one tbsp. syrup q.i.d. Children, 3-6 years, one 10 mg. tablet or one tsp. syrup t.i.d.; over 6 years, two 10 mg. tablets or two tsp. syrup t.i.d.

Supplied: Tiny 10 mg., 25 mg., and 100 mg. tablets, bottles of 100. Syrup (10 mg. per tsp.), pint bottles. Parenteral Solution: 25 mg./cc. in 10 cc. multiple-dose vials; 50 mg./cc. in 2 cc. ampules.

References: 1. Abramson, A. S.: J. South. California Dent. A. 26:26 (Jan.) 1958. 2. Grauer, D. E.: Dental Survey 34:1025 (Aug.) 1958.

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Science for the World's Well-Being

Picture of the Month

AN INVITATION is extended for the 48th Annual Session of the Federation Dentaire Internationale in Dublin, June 20-25, by (left to right) Doctor Seamus MacNeill; Doctor Daniel Gallivan, President of the Irish Dental Association; and Kevin Durnin, General Manager, North America Irish Tourist Office. Doctor Gallivan, a member of the Federation's Organizing Committee, says that an anticipated 900 world delegates (including 600 from North America) will see scientific exhibits from 56 countries in Dublin.—*Photograph from Irish Tourist Office, New York.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, *708 Church Street, Evanston, Illinois.*

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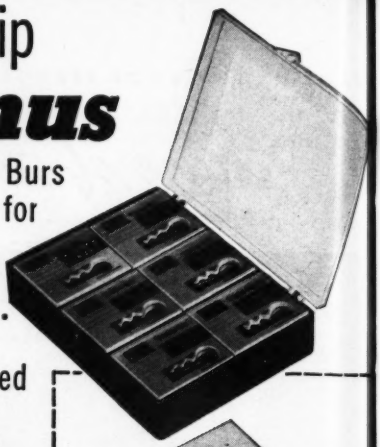

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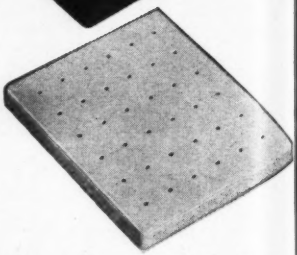

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DENTAL ORGANIZATIONS

Must Obey

the Anti-Trust Laws

BY WALLACE E. EDGECOMBE, LLB*

The Courts have interpreted the word "trade" as used in the Sherman Anti-Trust Laws to cover all occupations in which men are engaged for a livelihood.

WHEN Senator John Sherman and his Congressional colleagues enacted the first "Anti-Trust" statute in 1890, their principal targets were the corporate "trusts" which were showing signs of monopolizing various important segments of the national economy. The statute was drafted, however, in broad language:

"*Every contract,* combination... or conspiracy, in restraint of trade or commerce . . . is declared to be illegal . . ."[1]

*Mr. Edgecombe is a member of the Pennsylvania Bar.

[1]15 US Code Annotated Section 1.

"*Every person* who shall monopolize, or attempt to monopolize, or conspire with any other person or persons, to monopolize any part of . . . trade or commerce . . ."[2]

That broad language has been applied by the courts not only to corporations, but to unincorporated associations, partnerships, and individual persons.

The professional man and the professional society to which he belongs may come within the proscriptions of the statute if their activities tend unreasonably to restrain interstate trade, or to monopolize.

Acting only in what they may regard as proper concern for the best interests of themselves and their members, the professional societies may nevertheless violate the Anti-Trust Laws.

An apt illustration is found in the decision of the United States Supreme Court in *American Medical Association versus United States*.[3] In that case, the defendants were the *Association*, Incorporated; the *Medical Society* of the District of Columbia, also incorporated; two unincorporated professional associations; twenty-one individuals, some of whom were employees or officers of the two corporations; and the rest physicians practicing in the District of Columbia. The defendants were charged with a conspiracy to hinder and obstruct the operations of *Group Health Association*, Incorporated, a non-profit corporation organized by government employees to provide medical care and hospitalization on a risk-sharing pre-payment basis.

Group Health—contrary to the code of ethics of the American Medical Association and the Medical Society—employed physicians on a full-time salary basis and sought hospital facilities for the treatment of members and their families. The unlawful acts charged to the defendants were that they conspired to coerce practicing physicians from accepting employment under Group Health, to restrain members of the Association and the Medical Society from consulting with Group Health's physicians, and to restrain hospitals in and about the city of Washington from affording facilities for the care of patients of Group Health's physicians.

The defendants filed a preliminary motion to dismiss the indictment, arguing to the Trial Court that neither the practice of medicine nor the business of Group Health constituted "trade" as that term is used in the Sherman Act. The Lower Court accepted this argument, and dismissed the indictment.[4]

[2] 15 US Code Annotated Section 2.
[3] 317 US Supreme Court Reports 519 (1942).
[4] United States versus Medical Association, 28 Federal Supplement 758

The government then appealed to the Court of Appeals for the District of Columbia, which reversed the judgment of the Lower Court, and ordered that the case proceed to trial.[5] After reviewing a great many legal precedents in the United States and England, the Appellate Court commented that the effect of all these legal precedents was:

"To enlarge the common acceptation of the word 'trade' when embraced in the phrase 'restraint of trade' to cover all occupations in which men are engaged for a livelihood . . ."

The Court then proceeded:

"We think enough has been said to demonstrate that the common law governing restraints of trade has not been confined, as defendants insist, to the field of commercial activity ordinarily defined as 'trade,' but embraces as well the field of the medical profession . . ."

The case then proceeded to trial in the District Court. The jury found the American Medical Association and the Medical Society guilty of the charge made against them. The other defendants (the unincorporated associations and the individuals) were acquitted either by direction of the court or by finding of the jury.

On appeal to the Supreme Court of the United States, the convictions were sustained. Mr. Justice Owen Roberts of the Supreme Court did not rule directly on the legal question—previously ruled upon in the affirmative by the Court of Appeals—of whether the practice of medicine and the rendering of medical services constituted "trade" within the terms of the Sherman Act. Irrespective of that legal question, the Court said:

"Group Health is a membership corporation engaged in business or trade . . .

". . . And, of course, the fact that defendants are physicians and medical organizations is of no significance, for Section 3 (of the Sherman Act) prohibits any person from imposing the proscribed restraint . . ."

It should be noted, perhaps, that the American Medical Association case involved persons and associations doing business in the District of Columbia, where Section 3 of the Sherman Act is specifically made to apply. The normal business of a physician or dentist, or local societies of physicians or dentists, may not involve interstate commerce, so that normally, the federal laws would have no application.[6]

The American Medical Association case, nevertheless, established that professional societies, whether of physicians, dentists, lawyers, or other professionals,

[5]United States versus Medical Association, 110 F. 2d. 103.

[6]United States versus Oregon Medical Society, 343 US 326.

may not lawfully coerce their members, or conspire with other societies or with individual professional men, so as to compete unfairly with businesses or trades, professional or otherwise, engaged in interstate commerce.

FTC Has Jurisdiction

The Federal Trade Commission has jurisdiction, complementary in many respects to the responsibilities of the Anti-Trust Division of the Department of Justice, to prevent unfair methods of competition and unfair acts and practices in interstate commerce. In an appropriate factual situation, the professional man and the professional society may find themselves under investigation by the Commission.

For example, the American Association of Orthodontists and its member-dentists were made respondents in a complaint filed by the Commission. The complaint charged that the association and its members, for a number of years, had acted together to restrain and suppress competition in the manufacture, sale, and distribution of dental and orthodontic equipment, supplies, and devices, by preventing manufacturers and distributors from having free access to advertising media serving the dental profession, and by attempting to coerce and compel publishers and editors of publications in the dental and orthodontic field from soliciting or publishing advertisements from nonmembers of the association. A consent order was made by which the association was required to cease and desist from continuing to do the acts charged in the complaint.[7]

By way of further illustration, many professional societies—legal, medical, dental, and others—publish periodical journals. The expense of such publications is met, at least in part, by advertising obtained by the journals from companies servicing the profession involved. These journals compete for that advertising with the independent publications.

The magazine in which this article is printed is an example of an independent publication. It is distributed to all practicing dentists. The target of its editorial policy in its articles, stories, and various departments, is to attract and hold the reader interest of the members of the dental profession.

Now, let us suppose a professional society of dentists, seeking to impair ORAL HYGIENE's competition with a society journal for advertising, should exert pressure on its members and other dentists in order to dissuade them from submitting articles for publication. This would constitute an improper restraint of trade—an im-

[7]Forty Nine Federal Trade Commission Decisions, page 487.

proper attempt to monopolize—which might be held a violation of the Anti-Trust Laws under the principles established by the American Medical Association case.

We do not suggest that any such improper efforts to restrain trade and to monopolize are now in process or in contemplation. Informed and intelligent American business and professional men recognize that vigorous and healthy competition is a characteristic mark and a great asset of our national economic life, and that the primary purpose of our Anti-Trust Laws is to foster and protect that kind of competition.

The point of law, nevertheless is that dental societies and dentists are not immune, by reason of their professional status, from the Anti-Trust Laws.

1212 *Frick Building*
Pittsburgh, Pennsylvania

THINK POSITIVELY!

At a recent anesthesia meeting, a dentist in the audience asked the speaker on the scientific program if he thought dentists should be allowed to administer intravenous anesthetics. This type of question represents a type of negative thinking which is detrimental to progress in dentistry.

The Dental Practice Act of each state defines what constitutes the practice of dentistry in positive terms. It does not say what a dentist *cannot do*. The dentist is privileged by law to administer narcotics or other drugs which he feels are necessary to the welfare of his patients in the practice of dentistry. There is no mention of the pathway of administration. There need not be. It depends on the clinical judgment of the dentist to determine the most effective route of administration.

When we become overly concerned about what we *cannot do*, we undermine the foundation upon which our profession is built. We must think positively, and strive, through organized educational programs, to enlighten members of our own profession, about advances in modern dental practice.—*Editorial, American Dental Society of Anesthesiology*

THE COVER

This month's photograph of the Jackson, Mississippi, skyline, represents an invitation to the 85th annual meeting of the Mississippi Dental Association. The meeting will be held in Jackson, April 24 to 27. Requests for information about this meeting should be addressed to Doctor Walton Shannon, 307 Medical Arts Building, Jackson, Mississippi.—*Photograph by Frank Noone, Jackson, Mississippi.*

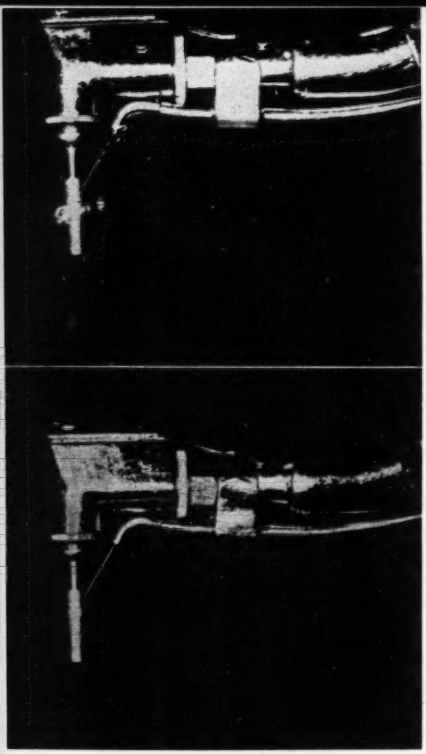


Fig. 1—a. 10,000 rpm beginning to fling water coolant. b. 20,000 rpm atomizing and flinging coolant. Note: upper and lower sections of stone may be dry.

The DENTIST at WORK:

HIGH ROTARY SPEEDS up to 250,000 rpm for carbide burs and diamond points make possible less pain, vibration, and almost no pressure. These are advantages to both operator and patient. Virtually unchanged for a half century, "the drill" may no longer be so feared.

Long before dentists "discovered" water and spray as coolants, they were indispensable to machinists and toolmakers. Similarly, high rotary speeds may be new in the dental treatment room but not in the machine shop. There, the remarkable cutting characteristics of abrasives at high surface speeds have been used for a long time.

While speed of tooth cutting is important, its genuine merit lies

BY CHESTER J. HENSCHEL, DDS*

This new technique will give satisfactory results only if you adapt your customary procedures to it and observe certain precautions.

*Doctor Henschel, author of this practical series, is Head of the Department of Operative Dentistry at Sydenham Hospital, New York. He is a member of the International Association of Dental Research and the American Association for the Advancement of Science. He has published more than fifty articles.

High Speed With Safety

PART III

not in rapid dentistry but in our new ability to use smaller, fewer, more effective, and more delicate instruments instead of potentially dangerous large discs, wheels, and burs. Anyone concentrating on speed alone will cause untold harm in needless exposures and devitalizations.

FRICTIONAL HEAT: Together with real benefits, high speed has brought disadvantages. Now operating "dry" is unthinkable. Coolants must be used *full time* during every moment of tooth preparation. At high speeds a single jet of water may not be sufficient protection; on contact, water is flung from the bur or stone (Fig. 1). The patient, operator, and many wrong things may be wetted but often a considerable portion of the bur or stone remains dangerously dry. Two or more jets, a spray, or water plus air is now safer, provided there is enough actual water. Five to ten cubic centimeters of fluid per minute is minimal. Powerful suction devices must not divert the coolant *before* it bathes the site of operation. Real danger to pulp vitality lies in the use of fine high speed points

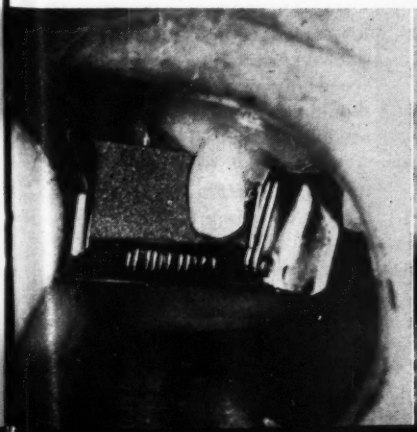


Fig. 2—Hand separation using steel strip to create space for paper disc.

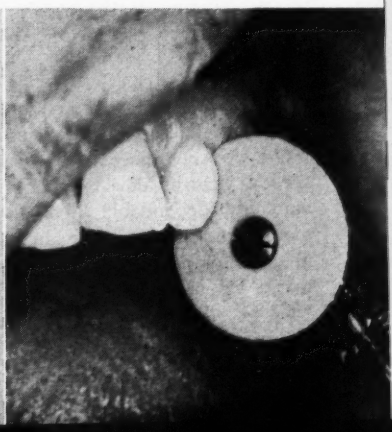


Fig. 3—Method of enlarging space using greased cuttle-fish discs.

Fig. 4—Large mouth mirror using 200,000 rpm and plain water as spray coolant. Note side spray from high speed tool ruins image.

to reduce interproximal contacting surfaces. In use, there are moments when the point can be so "buried away" that the coolant cannot reach and the heat may be sufficiently intense to devitalize. A technique using hand separation (Fig. 2) and flexible discs with water or oil is safer (Fig. 3).

"FEEL": With high speed tools there is real loss in tactile sense. Using pressures necessary at low speeds, dentists developed a remarkably dependable "feel" for tooth texture, especially valuable in areas of poor visibility. Now that a bur or stone may be used like a fine artist's brush to deli cately "paint" or "melt" tooth away, touch is no longer dependable. By "feel,' caries may not easily be distinguished from healthy tooth, enamel from dentine, or even a cavity corner or shoulder from gingival tissue. Increased visual acuity is an absolute necessity. We must concentrate and *see* as never before.

CONSERVATIVE APPROACH: With the new speeds and the new enthusiasm for rotary tools, former methods are not outmoded and should not be neglected. Marginal trimmers, scalers, and files perform services for which there are *no* substitutes. No matter how well a rotary instrument has prepared a jacket or crown preparation, calculus at and beyond the finishing line can be removed *only* by non-rotary instruments.

For some operations the new speeds may be unsuitable or even dangerous. To take full advantage of the merits of high speed equipment, it is imperative that the old low speed equipment be set up side by side with the new. Low speeds of from 1000 to 4000 rpm should be available *instantly* when needed.

MIRROR VISION: At high speeds we must see *more* clearly than ever before; unless special precautions are taken, vision is worse than at low speeds. The foam and splash of sprays inter-

fere with direct visibility, and untreated mirrors become hopelessly clouded. Need it be emphasized that clear indirect vision is necessary to treat successfully many distal or lingual surfaces?

Current ways of avoiding mirror splash are only partly successful. Wetting agents like 0.5 per cent aerosol or special lense waxes and creams applied to mirrors are effective for only a short time after application. Mirrors rotated by compressed air or shielded by a curtain of air via a hollow handle are no real answer. I have tried hundreds of chemicals *in* the coolant spray itself to prevent the build-up of droplets on the mirror. Finally it was found that a 0.2 per cent solution of one popular detergent used as a spray keeps the dental mirror quite clear.

SHARP IMAGE: Dissolve 0.5 gram of "Dishwasher All" in 250 cc warm water and fill spray container. Before touching the tooth with rotary instrument, flash spray on a clean mirror *in the mouth.* Then begin and continue to operate; side spray will keep mirror clear and permit reflection of an entirely serviceable image (Figs. 4 and 5). There will be no build-up of swirls or droplets. Should debris be flung and soil the mirror, respray in the mouth and continue treatment.

BINOCULAR LENSES: Finally, to increase visual acuity in compensation for diminished "feel," many conscientious operators are using accessory binocular lenses. These devices have been improved, many are quite comfortable to wear, have excellent depths of focus, and magnify teeth and tissues many times. Users think them a necessity with high rotary speeds. There are models that can be worn like eyeglasses, some clip to present frames, and one type has partly unframed lenses supported by a delicate wand movably attached to a transparent plastic headband (Fig. 6.). In addition to the pleasure, safety, and accuracy when using these lenses with the newer speeds, many dentists find retirement from active practice can be postponed inde-

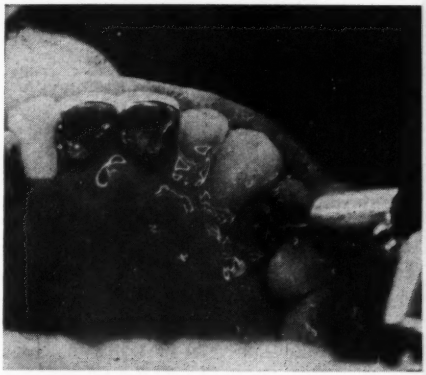


Fig. 5—Large mouth mirror using 200,000 rpm and 0.2 per cent detergent as spray. Note clarity of image.

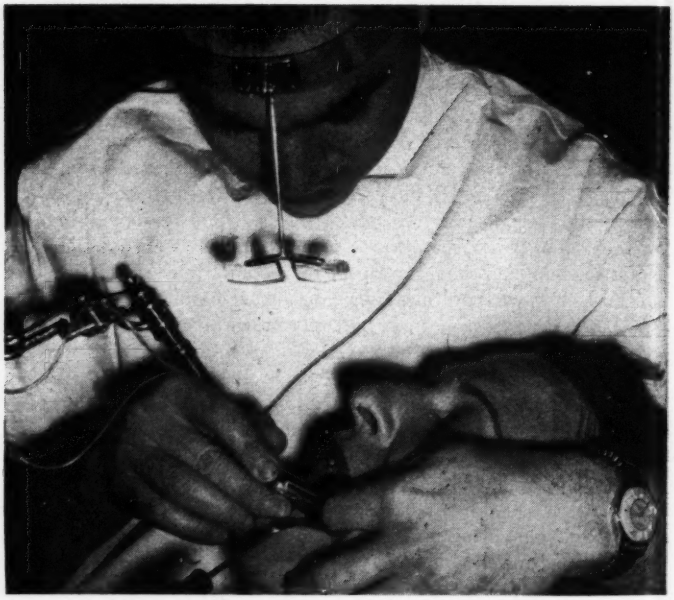


Fig. 6—Use of binocular accessory lenses with hi-speed equipment. Note that regular prescription glasses may be abandoned sometimes while operating.

finitely with the comfort and confidence of sharp precise vision once again.

SUMMARY: Using the new high speed equipment there is less pain, vibration, and pressure, greater speed of cutting, more frictional heat, danger, loss in "feel," poorer visibility and a greater need for coolants and better vision than ever before. High speed tools should not be used for quick dentistry. Hand instruments are still most useful and are not to be discarded. Low speeds are often necessary and must be available *instantly* when required. Sufficient water as a coolant is imperative. A solution of "Dishwasher All" (0.2 per cent) used as a spray coolant keeps mirror image clear. Accessory binocular lenses supply the increased visual acuity required for safe accurate operating at high rotary speeds.

Do We Rely Too Much on the Dental Laboratory?

BY DOUGLAS W. STEPHENS, DDS

Are you just an impression taker? Your denture patients need your professional services.

WHEN a dentist leaves dental school and begins practice, he should be able to construct an acceptable full or partial denture. He has learned to design his cases based on the shape and condition of the patient's remaining teeth, the pathology of the soft tissue, and the psychologic attitudes of the patient.

However, almost all young dentists, although they have been taught these things when they leave college, sense they are without practical experience. They face their first case with a little foreboding. As luck would have it the first is not like any they had in school. Perhaps they faintly recall having heard a case like it described in one of the classroom lectures.

So this young dentist takes the cast to the laboratory down the hall. Here he meets a friendly young man who is anxious to help. Of course, he has not seen the patient. He does not know the condition of the tissues or the teeth. He does not even know whether the patient is a man or a woman. But he designs the case and does a good job of it. When the case is completed, the young dentist puts it in the patient's mouth and it fits perfectly.

What does this young dentist do from now on? At first if he is like the average dentist, he attempts to design his cases, but he leans more and more on the laboratory's advice. Then he gets a really tough case and decides he better design it himself, only to have it turn out a failure. His confidence in the laboratory man at once grows

much higher. From then on, unless he watches himself carefully under the stress of a busy practice, he falls into the role of an impression taker. To the laboratory goes the work of design and construction of all his prosthetic appliances.

But what is wrong with this picture, you may say. We dentists are busy with operative work and oral surgery. Isn't it right that the laboratory technician should take over part of our work?

In part you are right. The laboratory technician is a valuable aid to the dental profession. However, there are three reasons why the dentist must not let the laboratory do too much of the work that he has been trained to do:

FIRST: The man in the laboratory has not seen the patient and you, the dentist, have. I do not have to explain what this means. You know even if all mouths and all teeth were the same, all patients are not. Some will wear any type of partial denture you put in their mouth. They are the "easy-to-get-on-with" patients. Nothing bothers them. Then you have the neurotic who will fuss with everything he can find to fuss about. This patient must be given the minimum amount of clasps and material. No blunt or sharp edges must be placed where the patient can touch them with his tongue. The clasps must not be too thick or the patient will feel them on his cheek and become worried they will cause cancer.

The nervous patient must be given a light simple case, or she will waste your time and patience with complaints. Another patient may be a woman near forty, and the beauty of her mouth comes first before retention and function.

The age of the patient is important, for it influences the design of the case. Young people can become accustomed to dental appliances easier than an older person. The younger the patient, the longer the remaining teeth must last. The healing properties of a young person are better than an older one. Because of this, the stresses that we put on the teeth must be different for each age. Of course, you can tell the laboratory operator the age of each patient, but that is not enough. Some people have mouths that are either twenty years older or younger than their real calendar age.

The patient may be a teacher, a public speaker, a singer, or a horn blower. Each may need a different type of case because of his occupation. It is only you, the dentist, who can see and know this.

SECOND: There are the strictly physical aspects of each case. The patient may have a long lip or a short one. He may not show a clasp you put on the upper cuspid or he may show one you put on the second molar. He may not

show his lower teeth, or he may show the whole mandibular dentition. His tongue may be large or small. He may have fat or thin cheeks.

Some teeth tip in. Some tip out. Some are good retainers. Some are not. If you send only an impression to the laboratory with the instruction, "Make me a case on this with so many units and clasps," the technician does the best he can. But do not be surprised if it does not always turn out as you would like it.

If you design your own case, you will survey the teeth. If the teeth are not correctly shaped for a clasp, you may have to reform them or build crowns or onlays of the form you desire to retain the appliance. In a partial denture you are attempting to construct an appliance that the patient can use and which will restore the lost function of the mouth and remaining teeth. You want the case to last a long time. To do this the proper clasps and retainers must be placed. A survey will tell you what type of clasps should be designed in order to give the maximum amount of retention and the longest length of service.

THIRD: If we as dentists do not give our professional services to these cases and leave it all to the laboratory man, it won't be long until he says, "I'm doing all the work. The dentist only takes impressions and places the case in the mouth." The next question comes logically to his mind. "Why do I get the small end of the fee?"

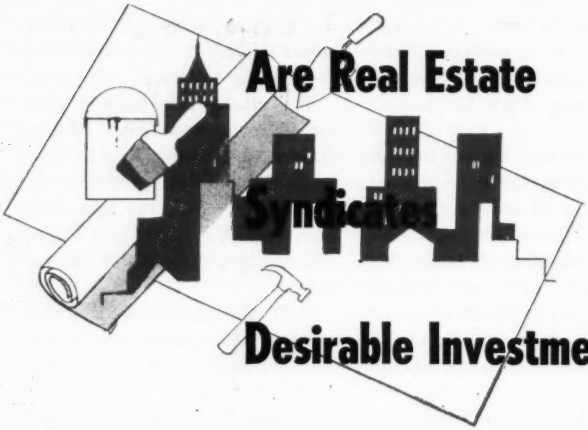
This is what may happen. Pressure is brought to bear and conditions can develop, as they have in many countries of the world, where laws allow the laboratory man to make dentures and removable bridges directly for the patient.

With the exception of a few bootleg laboratories, this is not what the honest and conscientious dental technician wants—and I have talked to a great many of them. He realizes his limitations. He would much rather confine himself to the purely technical part of the work.

Today we are busy. Times are good. Money is coming in. But let things slack off—only a little—and the bad habit of letting the laboratory do the dentist's work is liable to backfire. Then all three, the laboratory, the dentist, and finally the public, will suffer.

Survey your cases yourself. Plan them, with the help of your technician if you like. If you do not want to put out $50 for a surveyor, your laboratory will gladly let you use theirs. If you have forgotten some of the points you should know on partial and full dentures take a refresher course, and then do the job you are trained to—*complete* dental service.

PO Box 3426
Long Beach 3, *California*



Are Real Estate Syndicates Desirable Investments?

This modern investment method makes it possible for small investors to pool their resources and become part owners of valuable real estate.

BY SIDNEY SCOTT ROSS

IN FORMER years, unless he was wealthy, a dentist could not aspire to own a large, imposing property—such as a hotel, office building, or apartment house. Today this is made possible through the medium of a real estate syndicate, whereby many investors pool their capital and become part-owners of a piece of real estate. Such syndication operations are finding more and more acceptance with the investing public; and each year sees around three billion dollars worth of property being syndicated.

There are a number of important reasons why these syndicates are attracting so much attention today:

1. *High return*: The investor may receive from 9 per cent up to as much as 14 per cent, payable monthly, and even higher in some cases.

2. *Favorable tax treatment:* Real estate syndicates are attracting increasing numbers of investors chiefly because of certain unique tax benefits, especially the factor of depreciation. A property owner can reduce his tax burden substantially through this depreciation deduction, especially if the property is purchased with a comparatively small down payment in

cash and a large mortgage. Depreciation requires no cash disbursement and is computed on the full cost of the property, including the mortgage—but less the cost of the land, which is non-depreciable. Thus the entire value of the property can be written off for tax purposes over a stated period of years representing the estimated useful life expectancy, even though the property may have additional years of productive life.

A syndicate partner therefore pays a tax on only a portion of the income he receives. He is permitted to deduct his share of allowable depreciation charges (which may range from as much as 50 per cent to even as high as 100 per cent of distributed income) and then pays a tax on the remaining balance.

In this connection, we should mention here that real estate syndicates are usually organized as partnerships, rather than corporations. There is no income tax paid by a partnership as such; the income is taxable to each partner in proportion to this partnership interest. Should the syndicate be organized as a corporation, then the corporation would be subject to a tax of 52 per cent on the net earnings of the property owned; and when this net income is distributed to the shareholders, they are also subject to tax. Such double taxation is avoided in a partnership and explains why syndicates usually prefer this form of organization.

3. *Management:* The investor is relieved of all the headaches and cares of purchasing a property and then managing it. The syndicator has the job of finding a suitable property, organizing a sales campaign, and then attending to the myriad details required for eventual purchase and closing of title. Afterwards, the syndicator and his staff manage the property, or delegate this task to a management firm, to take care of all necessary legal, tax, accounting, and operational problems.

4. *Diversification:* There are some investors who dislike to put all their money into a single property which may, or may not, prove to be a successful venture. Instead, they prefer to buy part-ownerships in a number of different properties and thus reduce risk through planned diversification. However, the usual minimum amount to purchase one "unit" or "interest" in a syndicate is $5,000 or $10,000. (In some syndicates the minimum may be $2500; and occasionally you may participate with an amount less than $2500.) Therefore, unless you have surplus funds, it may not be possible for you to achieve as much diversification as you would like.

5. *Capital appreciation:* In many cases after purchase by syndicates with shrewd management, rundown, dilapidated ho-

tels and office buildings have been completely overhauled, improved, remodeled and modernized—with installation of such items as air-conditioning and new elevators. Apartments in multiple dwellings may be modernized by a new paint job or new refrigerators and stoves; electrical, heating, and plumbing fixtures. Undesirable tenants are ousted or their leases not renewed, and new leases are negotiated at substantially higher rentals. In some areas there has been a tendency to relax rent controls. Under such favorable conditions, not only will the income of syndicate partners be increased, but the property itself will command a higher price when sold, with corresponding capital gains to each individual partner.

6. *Inflation hedge:* Well chosen income-producing property has steadily increased in value at a faster rate than the cost of living. Moreover, the income from such property has also steadily risen to offset the declining purchasing power of the dollar. This is of vital importance if you are planning ahead for retirement, since at that time your income will be reduced sharply. Income from a real estate syndicate can make it easier for you to maintain your accustomed standard of living during your retirement years.

Despite these imposing advantages, the prospective purchaser should also be aware of certain drawbacks, which we shall now consider:

1. *Marketability:* As in any other type of investment, if you wish to sell, you must find a buyer. However, there is no assurance or guarantee with real estate syndicates; moreover, there is no organized market. At your request the syndicator or principal partners will notify the other partners of your desire to sell, and you may be able to dispose of your interest at a price which may be more or less than the original cost. If the property is well managed, with income equal to or exceeding promised results, you should experience no difficulty in selling. On the other hand, it may take some time before you can liquidate your investment.

In New York City and in other large metropolitan areas, there are a number of firms that will make an effort to find buyers for those who wish to sell their syndicate investments. When a sale is consummated the seller pays a commission, usually 5 per cent of the selling price.

2. *Choice of property*: Even though the investor may presently be receiving an attractive, generous return on his syndicate investment, only time will tell if he has made a wise choice of property or not. Real estate values may decline; the neighborhood may deteriorate or change in character;

important tenants using much space may not renew their leases. Moreover, as the property ages, it costs more and more to operate and maintain it in good condition; the owner's deduction for interest gets smaller and smaller; and once the building is fully depreciated, there is an end to this deduction for tax purposes.

In many syndicates the entire amount of net income is distributed to partners. There is thus no reserve fund to take care of unexpected costs; non-renewal of leases; unexpected vacancies; unexpected repairs or needed major renovations; unexpected increases in realty taxes and other exigencies.

The syndicator may have made an honest error in being overenthusiastic, and thus misjudged the amount of projected net income. In some cases the syndicator may have inflated or misrepresented the potential of the property deliberately in order to induce investors to join the syndicate. Or, he may have withheld or failed to furnish sufficient information with regard to the previous history of the property, its past income record, current net income, current number of vacancies, current percentage of occupancy, expiration dates of current leases and other pertinent facts.

In such cases, you may be in serious trouble indeed. Not only will you suffer a loss in your expected income, but your entire investment may be in jeopardy.

3. *Caliber of syndicator*: The future success or failure of a particular piece of syndicated property depends largely upon the syndicator. This individual (or company) has a grave responsibility since few syndicate participants know much about real estate management problems, about property values and appraisal, whether the purchase price is right or not, whether the financing program is proper, or whether future refinancing is possible.

One way of determining whether you are dealing with a trustworthy, competent syndicator is through the recommendation of a relative, friend, or associate who has participated with the syndicator in the past and is pleased with the results. Have your bank check on the financial responsibility of the syndicator. Find out how long he has been in business; what properties he has syndicated, and the results achieved. Ascertain his reputation and record of success. Find out whether he is a member of the National Association of Real Estate Boards or its affiliated local board, since members of this Association are pledged to abide by certain rules, regulations, and a code of ethics designed for the protection of the investing public.

Summary: If the investor is fully cognizant of the risks involved and

if he chooses wisely, with the professional help of his attorney, accountant, and of a real estate consultant, there is every reason to believe that a part-ownership in a real estate syndicate offers many advantages—such as high, stable yields; substantial tax shelter; and an opportunity for capital growth and capital gains.

3070 Hull Avenue
New York 67, New York

I CHOSE DENTISTRY BECAUSE—

"MADAM, your question surprises me. Surely no one can be so ignorant as to be unaware that mine is the only profession for a man of learning, independence of character, innate skill and charm, and withal, a burning desire to serve his fellow man. In no other profession can a man give play to all these qualities and, at the same time—and this is a minor attraction to high-minded dentists—be generously remunerated.

I repeat, Madam, dentistry is a man's life, a vocation which teaches the real meaning of equality, liberty, fraternity. That is why I became a dentist. Let others pursue the law, enter the church, or build bridges—for me a dentist's life is the life for a man."—EDWARD SAMSON, *Dental Magazine* and *Oral Topics*

"DENTAL DECORATION"*

INDIANS of prehistoric cultures in South and Central America used three kinds of dental decoration—filling, filing, and staining. Front teeth were filed in different fashions in both South and Central America: incrusted teeth were found in Mesoamerica and at one spot on the coast of Ecuador. The author found jaw fragments with inlays in upper canines in excavations in Teotihuacan. Evidence shows beyond doubt that inlays were inserted during life, the most common material being jadeite. Though this service was done with the implements accessible to neolithic man, roentogengrams have shown the cylindrical inlays to have had a remarkable precision of fit. The cement used was most persistent and "must have been of extraordinary quality." One of the components was cinnabar, a material highly valued for the decoration of pottery and for magical purposes. What instruments were used for the preparation of the cavity or the production of a circular rod is not yet known, but the test of time pays tribute to the skill of those who did the work.—*British Dental Journal*

*Linne, S: Technical Secrets of American Indians, Journal of Royal Anthropological Institute **87**:149 (1957)

Who Is a "Doctor"?

BY CHARLES P. FITZ-PATRICK

One dentist has made an important dental fact known to millions — for only four cents. Many similar educational opportunities are available.

A NEWSPAPER column devoted to the problems of the lovelorn may not be the most appropriate place for disseminating dental information. But the source is of little importance, if it results in making millions of laymen better informed regarding dental services.

This was demonstrated recently in the syndicated "Dear Abby" column written by Abigail Van Buren and seen daily by newspaper readers from coast to coast. In one of her columns Miss Van Buren included a letter from a dentist who identified himself by his initials, J. A. B., and who took the columnist to task for her misuse of the term "Doctors and Dentists." The dentist advised the writer—and in turn her millions of readers—the identification should be "Physicians and Dentists" since the dentist's DDS degree makes him a doctor too.

The opportunities to widen public understanding of dental practices and its practitioners are numerous and they arise frequently. Taking advantage of them—as J. A. B. did—is important, because as the dentist moves upward in the public's consciousness the entire profession benefits.

Not long ago, for instance, the oral condition of a young man in a dental office required self-treatment at home between appointments. The medication was available only through the presentation of a prescription. "Will I have to go to my physician for the prescription?" the young patient asked the dentist. The practitioner calmly advised the patient that he would furnish the prescription, and then explained how his specialized education fitted him to write out such authorization for the compounding of drugs and the state gives him the legal right to do so. Since that experience the dentist includes references to this phase of his operations during chair-side conversations with patients. "There must be others who are as much in the dark as the young man about dentists' prescription writing," the dentist said. "I intend doing what I can to reduce the number."

Accept Invitations to Speak

A dentist who was asked to address a service club following one of its monthly luncheons decided to do some research before this scheduled appearance. Calling on the principal of the local grade school he asked if he might talk to the students during assembly. This he did, and gave the youngsters instructions on the proper technique of cleaning and brushing their teeth, good oral health habits, and then concluded by asking this question, "When do you go to the dentist?"

He wanted the children's answers to use as part of his talk before the service group, most of whose members are fathers of school age children.

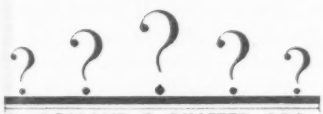
After presenting his "When . . ." query he pointed to individual students and asked for their answers. Three out of four said, "If I get a toothache"; some replied, "When my mother takes me." Of the several dozen who responded, only three or four indicated any pattern of regularity in visiting a dental office. One 12-year-old boy said, "My mother takes me every June so she won't have any trouble with me while we're on vacation." That put him in the regular class.

During his talk to the fathers on the day of the luncheon he cited this spot check, and reminded his listeners that irregular now-and-then visits or emergency calls cannot give youngsters the dental health advantages they deserve.

It will be noticed that the methods these dentists used to broaden

(*Continued on page* 52)

So You Know Something About DENTISTRY!



By ROLLAND C. BILLETER, DDS

Quiz 185

1. When the alveolar crest bone is lost, is it replaced?

2. Sensitivity from acrylics is due to (a) the monomer, (b) the cured denture material. . . . . .

3. True or false? Packing amalgam of the same plasticity from top to bottom of the restoration should minimize unequal flow and expansion. . . . . .

4. Cortisone is (a) healing, (b) anti-healing, because of its anti-inflammatory properties. . . . . .

5. Do mandibular impactions make the mandible more vulnerable to fracture? . . . . . .

6. Acute Vincent's infection is (a) frequently, (b) rarely, seen in the child patient. . . . . .

7. Why is accurate radiologic reproduction of the lamina dura important? . . . . . .

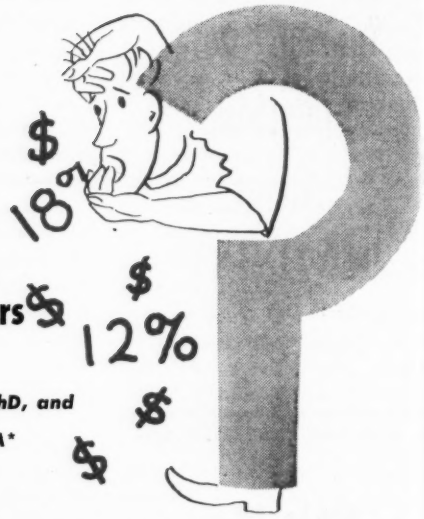
8. True or false? Proper placement of the supporting tissues during impressions will provide proper stability. . . . . .

9. Why are average children under age 6 not prone to facial injuries? . . . . . .

10. A lowered threshold as indicated by the electric pulp tester (a) is, (b) is not, usually found in pulpal hyperemia or early acute pulpitis. . . . . .

FOR CORRECT ANSWERS SEE PAGE 70

Practice Administration Thought-Provokers



BY CHARLES L. LAPP, PhD, and JOHN W. BOWYER, DBA*

Are You Borrowing Or Lending?

If you are borrowing money, you are aware of the increasing interest rates. It is worth keeping in mind that if you have installment or revolving charge accounts you are probably paying 12 to 18 per cent a year for the use of other people's money. Since you cannot hope to earn such a return even in the stock market, you would be well advised to pay off such debts before investing.

A Suggestion For Planning Your Financial Future

A yearly audit of your financial situation, plus a five-year projection of what you want it to be, can help you fully realize your objective. To do this you may find it useful to list in two parallel columns what your regular income and expenses are now and what you expect them to be five years from now. Include not only your dental office expenses, but also your other expenses, such as food, clothing, housing, automobile, insurance, recreation, and taxes. Then project your income and set up a planned amount to be invested on a monthly, quarterly, or yearly basis.

*Doctor Lapp is Professor of Marketing; Doctor Bowyer is Associate Professor of Finance, Washington University, St. Louis.

You May Lose Painlessly

Many people say, "I don't want to put money in stocks because I don't want to take a chance of losing what I worked so hard to save." However, money put in insurance or savings accounts can be lost, but the loss is slow and painless. For example, if you had put $500 into a savings account 24 years ago, collecting 3 per cent interest compounded quarterly (that is, leaving the interest in your account to collect more interest), your bank balance would now be about $1000. But your $1000 will not buy as much as your $500 would have 24 years ago.

Service To Your Patients

Dental service to your patients should be the prime objective of every dentist. However, if your fees are too low to buy new equipment, or to buy new books and attend dental meetings to keep abreast of new developments in dentistry, then you soon will not be providing the best dental service possible to your patients.

Put That Little Something Extra Into Your Relationship With Patients

Your dentistry may be no better by giving a patient a little more than a restoration, but its value to the patient may be enhanced. The little something extra may be a smile or just a pleasant "thank you." It may be doing something you did not have to do for someone. If you want to feel good, make others feel good. Each day try to watch for one little kindness you can perform for someone else. Next time you have a chance, compliment a supply salesman for some little something he did for you, and he will usually do his best to please you.

Problem Or Answer?

Recently we heard Doctor "Bill" Alexander, minister of the First Christian Church in Oklahoma City, pose this question, "Are you part of the problem or part of the answer?" You may feel politics are corrupt, but if you are not doing anything about it then you are part of the problem rather than part of the answer. If you feel certain things are wrong in dentistry and you fail to take action, then you are part of the problem rather than part of the answer.

Vision Pays Off

I was talking to a dentist a few days ago and he said, "I'm as busy as I can be—therefore I am making as much money as I can."

This same dentist was bitter because some of his colleagues were making five times what he was. He went on to say, "Those dentists are not worth five times what I am." Another dentist retorted, "Yes, in this day and age there is an overemphasis on financial rewards—some men give their leisure and health in exchange for cash. Is it worth it?" The answer is obviously no, and almost invariably the financially successful dentist has not made his money with the philosophy of giving his all to obtain it. Success comes through work and study, and most dentists are successful because they have the vision and initiative to serve their patients in some way just a little better than their colleagues.

Your Retirement Plan

Recent studies indicate that over 72 per cent of the working people who are now 25 years of age will not be able to support themselves fully at the retirement age of 65. This sobering thought raises the question, "Are my retirement savings adequate?" To answer that question intelligently, sit down and list your present resources and your present debts. The balance is what you are worth. If you accumulate wealth in the future at the same rate that you have in the past, will you have saved enough to retire?

Tax Deductible Investment Loss

At the end of each taxable year, there is presented an opportunity to reduce taxable income without altering your investment program. Let us assume that you have stock in XYZ Corporation that you bought at $100 a share. The price of XYZ stock has declined to $75 a share. Therefore, you have a loss of $25 a share. The strategy is to sell the stock of XYZ thus establishing the loss for tax purposes, and buying stock in ABC, which is a stock of quality with good prospects, for a return on investment. The net result is that you still have an investment in stock of approximately the same quality as the one you sold, and have a tax deductible loss of $25 per share.

Which Mutual Fund Is Best?

The average dentist does not have time to investigate the claims of mutual fund salesmen. The best method of appraising mutual funds is on the basis of their performance. How well have they done over a period of years? To find this performance data, use one of the published series. The best ones are published by *Forbes,* Magazine of Business and Finance; *Barron's,* a business and financial weekly

newspaper; and the annual volume entitled *Investment Companies* published by Arthur Weisenberger and Company. Any of these publications should be available from your broker. These publications present facts on mutual funds, not opinions or recommendations to buy or sell.

United States Savings Bonds

The United States Treasury has raised the interest on government bonds from 3.25 per cent to 3.75 per cent. This increased yield is available on all United States Savings Bonds purchased on or after June 1, 1959. Before you cash in your old bonds and buy the newer higher yielding ones, check with your banker. Your old bonds may be yielding a return considerably in excess of 3.75 per cent. The redemption value tables on savings bonds are so constructed that the return is relatively low during the early years of the life of the bond and much higher than 3.75 per cent as the bond nears maturity. Therefore, your old bond may be yielding a return as much as 4.9 per cent.

A second consideration is the tax problem. Series E bonds may be bought for 75 per cent of their value at maturity. A $25 bond costs $18.75. The holder may postpone reporting the interest on these bonds until they are cashed in. Thus, individuals may postpone receiving income until after retirement when taxable income is much less than during the active years. This means that an individual in the 50 per cent tax bracket may increase the return on a perfectly safe investment from 3.75 per cent to 7.5 per cent by postponing income until after retirement.

Preferred Stock and the Investor

The preferred stock investor is a part owner of a corporation. Unlike bonds or other debt, there is no legal requirement that dividends on preferred stock be paid by a corporation. In fact, these dividends may not be paid even if earned, because all such payments are at the discretion of the board of directors. It is important to the investor that the preferred stock have the cumulative provision. Dividends on cumulative preferred stock accrue to the credit of the preferred stockholder for future payment. These back dividends on cumulative preferred stock must be paid before dividends can be paid on the common stock.

Who Buys Common Stock?

A recent survey by the United States Securities Exchange Com-

mission showed that the average investor has an annual income of $7500, he is 48 years of age, and resides in a city of 25,000 population. The dominance of women in economic affairs is apparent from the fact that 52 per cent of stockholders are women, and 34.2 per cent of these women are housewives. This interesting statistic emphasizes the importance of training your wife to be a widow.

Washington University
St. Louis, Missouri

WHO IS A "DOCTOR"?

(*Continued from page* 46)

public understanding of dentistry involved little money or effort. These men did not face unusual or off-beat situations. Each of the dentists did, however, recognize that increasing public recognition of the need for dental health is the individual dentist's obligation. Public relations experts insist that such personal efforts frequently carry greater weight than similar attempts made by national and local professional associations.

Letter Writing Helpful

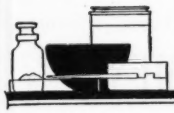
One cost-free method of correcting dental misunderstandings is the "Letters to the Editor" departments of newspapers and national magazines. In many of these publications the "Letters" page enjoys a higher degree of reader interest than any other section. Also, a letter from a professional man gets maximum attention because it indicates that the writer is offering authoritative information.

Letters directed to broadcast media are also potent when they are aimed at eliminating injurious humor used by radio or television comics, and commentators. One eastern dentist has offered his services to the program directors of several broadcasting companies. Whenever these stations wish to check on dental terms or phrases to be used in broadcast material this man is telephoned. After listening to the script as it has been written he gives it his approval or suggests changes, and thus guarantees that dental facts offered the public will be correct in all details.

The story of dentistry and its practitioners is a tremendous one that can be told best day by day, month after month, by those best qualified—the practicing dentists. But assists may be anticipated from time to time from some of the most unexpected sources.

The "doctor" is a teacher!

3841 *Aspen Street*
Philadelphia 4, Pennsylvania



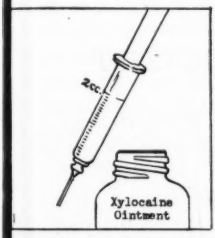
TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

Anesthesia for Scaling and Curettage

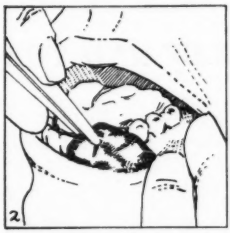
Drawings by Dorothy Sterling

By WALTER DONNENFELD, LCDR, DC, USN



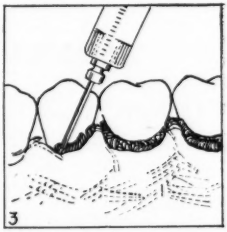
1

Insert 2 cc's of xylocaine ointment into a Luer-Lock® syringe fitted with a blunt-end needle. (Wait until syringe is empty before inserting additional ointment, or bubbles may form and interfere with injection.)



2

Dry the gingival tissues with gauze wipes.



3

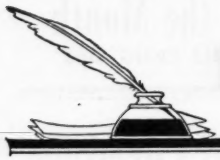
Inject xylocaine ointment into the gingival sulci to the point of overflowing.

4

Cover the area with gauze to keep the ointment from spreading or dissolving. Wait 3 to 5 minutes, then proceed with instrumentation.

Note to Contributors

We invite dentists to submit material for this page. $10 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:
Technique of the Month,
Oral Hygiene,
1005 Liberty Avenue,
Pittsburgh, Pennsylvania



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." ***John Milton***

FEDERAL LAW AND THE DENTIST

DENTISTS do not usually consider themselves as being engaged in trade or commerce. Professional people are likely to think of themselves as aloof from such affairs. Certainly dentists are not engaged in a business that permits solicitation for patronage, advertising of fees, and high-pressure selling. Such tactics are repugnant to the professional tradition and ethics—as they should be.

So long, however, as the dentist lives in a society of free enterprise he must be prepared to pay his rent, furnish food for his family, make tax payments, pay dental society dues, and meet his other obligations with the money that he earns from his practice. That requires sound business methods. Any grandiose talk to the contrary is sheer dishonesty and hypocrisy. Even the person most exalted in the professional tradition must eat. To eat requires money. Money must be earned by economic activity. That phase of dental practice is comparable to business, commerce, industry, or trade. If the dentist believes such activities are antisocial or beneath his dignity, he must concede that the capitalistic system of free enterprise is also distasteful to him, because the economic system of the United States is built on commerce and free competition.

Another facet of American economic life that may be unknown or ignored by the dentist or by dental organizations is the fact that the anti-trust laws do *not* exempt professional people or associations. Dentists may unwittingly attempt to restrain trade or compete unfairly by their action in a dental society that is engaged in interstate commerce. No malice may be intended. Dental practice does not normally involve interstate activity; the activities of dental societies frequently

do involve interstate commerce. A dental society, or a dentist individually through such association, may be liable under the Sherman Anti-Trust laws.

This example comes to mind: every dental journal, whether of a city, state, or national organization, or an independent publication, is mailed across state lines. That puts the publication in interstate commerce and subject to the federal anti-trust laws. If a business manager of such a publication acts capriciously and arbitrarily, and denies a legitimate advertiser the right to place his message before a group of consumers in fair competition with other business firms, that publication may be in violation of the anti-trust laws. The business manager personally and any committee member that worked with him could also be cited for the violation. If the editor of a dental journal attempts to restrain contributors or to undermine the confidence of the readers of another dental publication by unfair or derogatory comments, he, his associates, and the dental society may be subject to action by the Federal Trade Commission.

This publication, ORAL HYGIENE, is engaged in interstate commerce, and is subject to the regulations of the Federal Trade Commission. If we engaged in unfair competition against any other dental publication we would be subject to prosecution under the Sherman Act or the Federal Trade Commission Act. We could be ordered to "cease and desist" or be subject to penalty. The same principle of law would apply to any dental organization or dentist who used unfair or destructive tactics to compete against ORAL HYGIENE. The freedom of the press is guaranteed under the Bill of Rights, and free competition is assured under the Sherman Act.

The article on page 27 and this editorial may serve to inform and alert dentists and dental organizations in which they hold membership to the fact that they are not immune from investigation, prosecution, or punishment under the anti-trust laws. In the article, two cases are cited of action that has been taken by the federal government against two highly respected professional associations.

Violations of law are offenses against morality, public relations, and good business.

Edward J. Ryan

DEAR ORAL HYGIENE

Report From Africa

Thank you for your good letter with copies of ones from Doctor Virgil E. Martin of Carnegie, Oklahoma, and yours to Mr. James H. Barnhardt of Charlotte, North Carolina.

I am writing direct to Doctor Martin relative to his generous offer of equipment upon his retirement early this year, trusting that we will be able to accept some or possibly all of it.

May I express to you my sincere appreciation for the publishing of my article in ORAL HYGIENE last January?[1] I have received many letters and favorable comments from my friends in the dental profession . . . several have made contributions to our project.

We have been back in Congo since August first and have been quite busy since that time. It will be of interest to you to learn that the Congo Government passed their first law concerning dental education in July 1959.

We have just finished installing six of our "dental interns" (our first class now in their fifth year) in six of our mission hospitals . . . we are making some progress.—SANDY C. MARKS, *DDS, APCM Lubondai, Tshimbulu, Belgian Congo, Africa.*

Dental Surplus Area

Doctor Frankel deserves a rousing vote of thanks for his article in your October issue.[2] His revelation that there are areas in these United States where dental appointments must be deferred for six to eighteen months, is a service to the less fortunate members of our profession. Doctor Frankel and you, the editor, may not be aware of it, but many dentists practice in dental surplus areas, and as a result have an insufficiency of patients and work for ruinously low fees.

Doctor Frankel's description of dental conditions in Cincinnati is a far cry from dental conditions prevailing here in the New York region.

It is not unusual to find dentists forced to relocate after ten years of practice, simply because they cannot make an adequate living. While spending a holiday at my summer home in a small hill town, population 2000, I was perturbed to discover that the only dentist in the area, a man who had been here for eighteen years, was impelled to move because of a declining practice. Unfortunately, this state of affairs among dentists occurs too frequently.

I must wonder too whether conditions in Doctor Frankel's area are really so much more favorable for a profitable practice of dentistry than here in metropolitan New York. I somehow think that if dental conditions of practice in the Cincinnati region were as halcyon as Doctor Frankel describes, no dentist would boggle at the fuss necessary for dental school or a mere $10,000 for a dental office that would so quickly repay its initial investment.

May I suggest to Doctor Frankel that the reason young people do not enter into the study of dentistry in Cincinnati is simply because it is not worth their while? Your excellent journal would do better to study conditions among dentists here. An accurate portrayal of conditions of dental practice might discourage rather than encourage the production of dentists.—SAMUEL GREENFIELD, *DDS, 1931 Mott Avenue, Far Rockaway, New York.*

(*Continued on page* 80)

[1]Marks, S. C.: Dental Mission in the Congo, ORAL HYGIENE, **49**:45 (January)

[2]Frankel, H. G.: Do You Want Your Son to Be a Dentist? ORAL HYGIENE **49**:50 (October) 1959.

in the long run — the BEST costs LESS

You devote many hours and often much capital to the planning of new or remodeled offices. These plans become reality in the finest equipment, furnishings and location you can buy. You choose the best because you know that it will allow you to operate better and more efficiently—because, day to day, it is more pleasant for you and your patients—because, over the years, it is actually more profitable.

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Q ASK Oral Hygiene A

Please send all correspondence for this department to: The Editor, *Ask Oral Hygiene*, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

Pain of Teething

Q.—Parents often ask me what to do to relieve the pain of teething. What do you recommend?—M.M.F., New York

A.—The physiologic process of tooth eruption or ("teething") whether it occurs in infancy, childhood, or adolescence (third molar), is frequently associated with painful local symptoms.

During the eruption of the teeth the infant is likely to be irritable, restless, and to refuse to feed. Sleep is disturbed. Salivary flow is markedly increased. The constant drooling of the saliva results at times in irritation of the skin about the mouth. The local oral symptoms are due to the pressure exerted by the erupting teeth against the overlying dense fibrous soft tissue. This tissue normally atrophies spontaneously with the continued eruption of the tooth, but in the unusual case it may be necessary to incise the gingivae.

Where the pain of teething is due to normal physiologic activity, I would advise that you recommend a teething lotion. There are several commonly used preparations which are available through your pharmacist. This lotion may be gently applied on the involved soft tissue area when signs of pain due to teething are present. The parent should be cautioned not to use this medication indiscriminately as the pain may be symptomatic of another condition.

Periodontal Treatment

Q.—Could you please give me any information on a drug called Hartzell's solution. It was given to me by a colleague who has since died. It is used mostly in conjunction with periodontics. My local pharmacist could not help me, and I am wondering if you know the ingredients. —A.R., Missouri

A.—I have not been successful in obtaining information on a Hartzell's solution used in periodontal treatment. I have information which might possibly furnish some clues.

I suspect that the originator of the formula to which you refer was Thomas B. Hartzell, who at one time taught at the Dental College of the University of Minnesota. Doctor Hartzell had both medical and dental degrees, and was much interested in periodontal disease and oral infection. He was the author of many papers in the 1925-

(*Continued on page* 60)

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More and more new scientific evidence[1,2] is proving what VINCE oxygen rinse has been doing for years ...supplying therapeutic oxygen to inflamed gums.

No other product provides more oxygen than VINCE oral rinse. VINCE destroys anaerobic bacteria... rapidly treats inflamed gingivae.

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VINCE oxygen rinse **does not** contain sodium perborate or sodium peroxyborate monohydrate, which were shown to be irritating in a study conducted at a leading medical center.[2]

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And, your patient gets more for his money. Not only is VINCE less expensive per dose but remember—

1 dose of gentle VINCE provides 8 therapeutic rinses
1 dose of Product A, only 1 rinse

REFERENCES: (1) Schrader and Schrader: Helvet. odont. acta 1:13, 1957. (2) Behrman, Fater, and Grodberg: J. Dent. Med. 13:195, 1958.

Professional samples of gentle VINCE upon request.

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1941 period. In one of his papers[1] he refers to three preparations used in periodontal treatments. Mention of the original source is made for only two of the preparations. It is my guess that the third preparation might have been formulated by Hartzell. Perhaps this is the solution on which you seek information. He describes the latter preparation as zinc sulphocarbolate dissolved in cinnamon water.

I suggest that you read Hartzell's paper for additional information on this preparation.

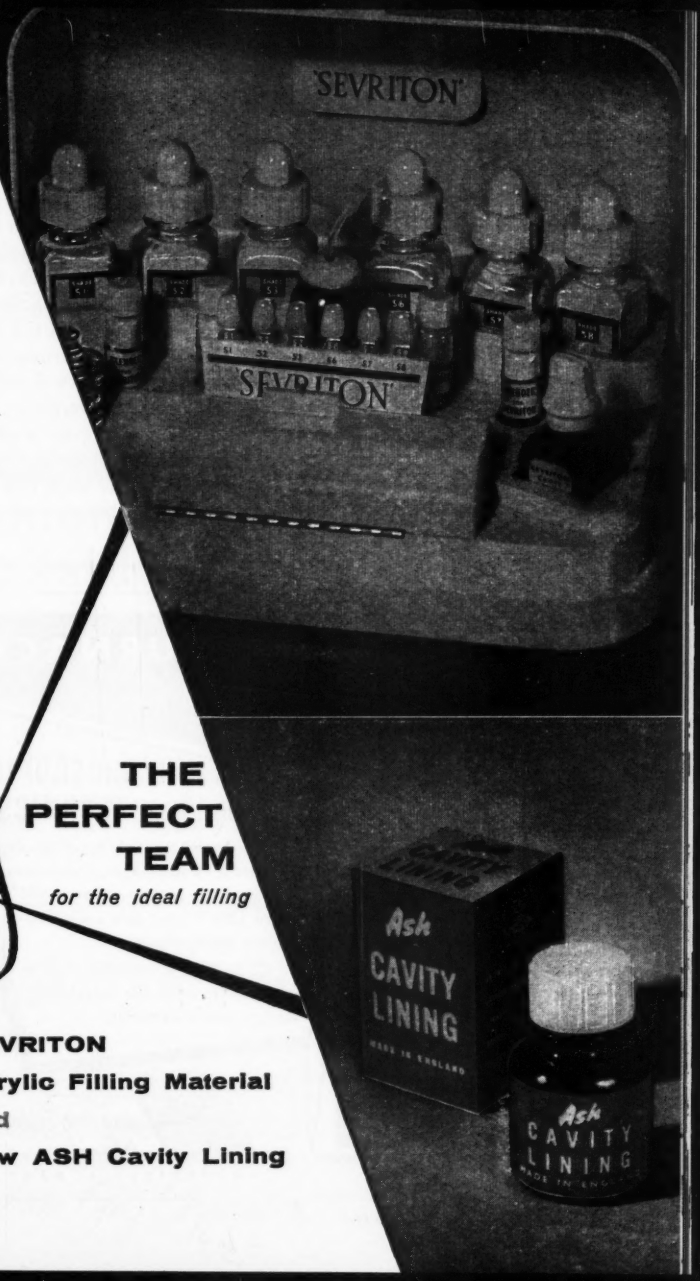
Questions That Dentists Ask Frequently

Coronal Fractures of Children's Permanent Anterior Teeth: Evidence seems to indicate that about 75 per cent of all dental and oral injuries occur in children of preschool and school age. Lack of understanding of the proper treatment can result in unnecessary loss of permanent teeth, resulting in the need for expensive and often unsatisfactory prosthetic restorations. One of the problems arising from these injuries is coronal fractures of the permanent anterior teeth.

In this type of injury, it is often necessary to administer emergency treatment. If the child is in pain, a proper dose of aspirin can be given. If he seems under severe emotional stress, a sedative may be tried, such as sodium pentobarbital (Nembutal®) or secobarbital

(*Continued on page* 62)

[1]Hartzell, T. B.: Therapeutic Aids in the Treatment of Periodontoclasia, J. Periodont. **12**:13 (January) 1941.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(Seconal®). If the injury has caused abrasions and hemorrhage, the area should be cleansed with warm water followed by the application of a mild antiseptic, such as 5 per cent merthiolate. With a more severe injury in the presence of dirt, antibiotics and tetanus prophylaxis are indicated. Loose flaps of skin should be sutured into place.

After emergency treatment, a complete examination of the injured teeth and their environs should be made. The first step in making a correct diagnosis is to make a careful visual inspection. This should be followed by roentgenograms. A roentgenogram may reveal evidence of root fracture, periapical infection, proximity of coronal fracture to the pulp, stage of development of the root apex, possible injury to adjacent teeth, and presence of other infections in the area. The tooth should be gently manipulated to determine its relative mobility or firmness. With a vitalometer or application of heat and cold, the vitality of the tooth may be determined. If the pulp is in a state of shock it may not be possible to elicit a vital response, in which case it would be advisable to wait five or six weeks and then recheck the tooth for vitality. Percussion of the tooth can determine whether there is periodontal injury.

(*Continued on page* 64)

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In general, enamel fractures are without complications. If the enamel is only chipped, it is seldom necessary to place a restoration. In most cases, it is sufficient to smooth off the fractured corner or incisal edge.

Enamel and dentine fractures that do not involve the pulp require more attention than simple enamel fractures. The tooth should be cleaned and then isolated by means of a rubber dam. The fractured area should be gently dried with a lukewarm stream of air, being careful not to dehydrate the dentine. A 1 mm layer of calcium hydroxide is then applied. When this mixture has set, a layer of zinc phosphate cement is then placed over the fracture line. The next step involves the construction of a crown form which can be made from a copper band or a stainless steel band. If the tooth is too loose or too sensitive to touch, a hydrocolloid impression can be taken and the crown form can be made indirectly. An alternative to this type of crown form is the resin crown form which is cut and contoured to fit the tooth. When the resin crown is adjusted to the bite, several holes are drilled on the lingual part and the form is filled with about two-thirds of acrylic material and then set into place. This type of restoration should be left intact for about two to three months in order to permit the tooth to recover and secondary dentine to be laid down. In all cases of tooth injury, it is wise to inform

(*Continued on page* 66)

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the parents of the possibility of death to the pulp.

The ideal age for placing a permanent restoration is between the ages of 16 to 18 years, when the tooth has fully erupted and the pulpal recession has occurred. A temporary-permanent restoration must be made to serve the patient during the period of waiting. These restorations are of four main types: pinlays, modified three-quarter crowns, porcelain or acrylic veneer jacket crowns, and shoulderless acrylic full crowns. Of these four restorations, the modified three-quarter crown is the most satisfactory.

When a coronal fracture involves the pulp, every effort should be made to preserve the vitality of the tooth. There are three types of treatments of pulpal involvement: pulp capping, pulpotomy, and pulpectomy with root canal filling.

Pulp capping is indicated where the tooth appears healthy and vital and where the exposure is not too extensive. A mixture of calcium hydroxide in sterile water is an ideal material to use in capping. A layer of zinc phosphate cement should be carefully placed over the entire fracture line. A crown form is then constructed, followed six to eight weeks later by a temporary-permanent restoration.

Where the exposure is more extensive than 1 mm in diameter, but where the tooth is healthy and vital, it is desirable to do a pulpotomy. The pulpotomy should be done with a rubber dam in posi-

(*Continued on page* 70)

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tion and under strict aseptic conditions. A layer of 1 to 1½ mm of calcium hydroxide is placed in the stump. A thin layer of zinc phosphate cement is spread over the calcium hydroxide when it has set. A temporary crown is then made, followed in six to eight weeks by a temporary-permanent or permanent restoration.

Where the pulp is putrescent or the vitality is questionable, a pulpectomy is in order provided that there is a sound periodontal attachment and adequate tooth material to construct a restoration that is satisfactory.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ 185

(See page 47 for questions)

1. No. (Elfenbaum, Arthur: What is "X-Ray Negative?" ORAL HYGIENE 48:46 October 1958)
2. (a). (Robinson, H. B. G.: Occupational Diseases of Dentists, Dental Clinics of North America, Philadelphia, W. B. Saunders Company, July 1958, page 471.
3. True. (Eames, W. B.: Preparation and Condensation of Amalgam With a Low Mercury-Alloy Ratio, JADA 58: 79 April 1959)
4. (b). Berlove, I. J.: Anterior Median Palatine Cyst, New

(*Continued on page* 72)

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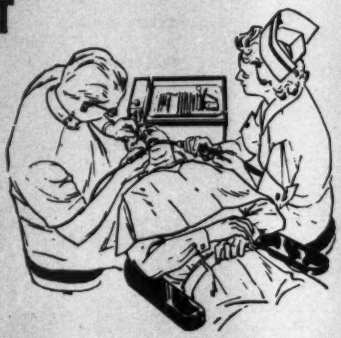

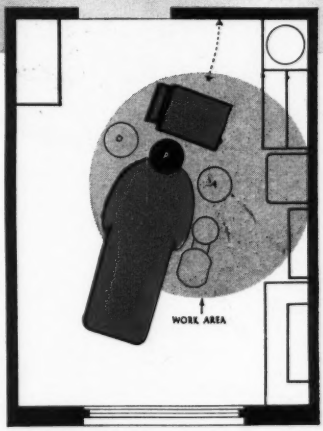

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...Three basic pieces of equipment agreed upon by practically all dentists who have studied modern dental office efficiency are: the air turbine handpiece; high-velocity oral evacuating equipment; and a more comfortable dental chair.

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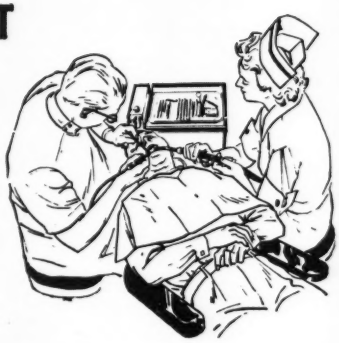

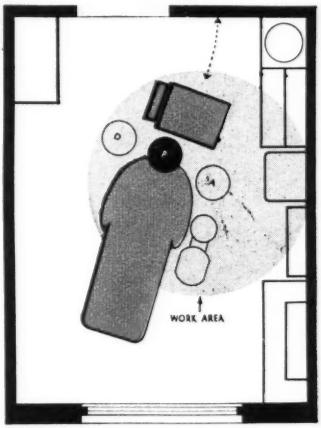

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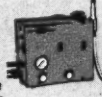

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York J. Dent. 26:384 December 1956)

5. Yes—due to the displacement of bone. (Archer, W. H.: A Manual of Oral Surgery, ed 2, Philadelphia, W. B. Saunders Company, 1956, page 103)

6. (b). (Scott, F. T.: Periodontal Disease in Children, J. Fla. S.D.S. 28:05 February 1958)

7. It may be employed as a possible indicator of the patient's general health status. (Elfenbaum, A.: X-Rays, Dent. Radiography and Photography 31:21, No. 2, 1958)

8. True. (Klein, I. E.: The Need for Basic Impression Procedure in Management of Normal and Abnormal Edentulous Mouths, J. Pros. D. 7: 579 September 1957)

9. The bony scaffold of the face is relatively elastic and resistant to fractures. (MacLennan, W. D.: Injuries Involving Teeth and Jaws in Young Children, D. Pract. 32:492 December 1957)

10. (a). (Cartledge, D. H.: Cooke, C. and Rowbotham, T. C.: Use of Electric Pulp Testers in Dental Practice, British D. J. 104:65 January 21, 1958)

BAYER

BAYER

1¼ Grs. Eq.
FLAVORED

Living up to a family tradition

There are probably certain medications which are special favorites of yours, medications in which you have a particular confidence.

Physicians, through ever increasing recommendation, have long demonstrated their confidence in the uniformity, potency and purity of Bayer Aspirin, the world's first aspirin.

And like Bayer Aspirin, Bayer Aspirin for Children is quality controlled. No other maker submits aspirin to such thorough quality controls as does Bayer. This assures uniform excellence in both forms of Bayer Aspirin.

You can depend on Bayer Aspirin for Children for it has been conscientiously formulated to be the best tasting aspirin ever made and to live up to the Bayer family tradition of providing the finest aspirin the world has ever known.

Bayer Aspirin for Children—1¼ grain flavored tablets—Supplied in bottles of 50.

• We welcome your requests for samples on Bayer Aspirin and Flavored Bayer Aspirin for Children.

New
GRIP-TIGHT CAP
for Children's
Greater Protection

THE BAYER COMPANY, DIVISION OF STERLING DRUG INC., 1450 BROADWAY, NEW YORK 18, N

Dentists in the NEWS

Wins Election

For almost twenty years John R. Haudenshield served the 15th Legislative District as a representative in state politics. Few people realized that when Mr. Haudenshield died in July at the age of 70 another Haudenshield would seek the post which he held for so long. Doctor George K. Haudenshield, a nephew of the late legislator, was nominated by the Republican party and won the position in the November 3 election.—*Carnegie (Pennsylvania) Signal-Item.*

Author of Possible Best Seller

Doctor Henry Barsha, a Hollywood dentist, who once was a headline dancer, became interested in writing to escape boredom during an enforced stay in bed following an accident. His first novel, "CORSICANA!" with a setting in Texas before the turn of the century has been rated as a possible best seller in a recent review.—*Los Angeles (California) Herald Express.*

Rescues Boy From 20-Foot Well

A five-year-old boy, Donald Ayscue, was rescued from a 20-foot well by Doctor Clifford Horton of Wendell, North Carolina. The well contained 10 feet of water. Doctor Horton climbed into the well, pulled Donald to the top, and revived him with mouth-to-mouth respiration.—*Columbus (Ohio) Citizen.*

Minister-Dentist

Doctor Cecil E. Brooks plays a double role as a dentist and an ordained minister. Recently he dedicated a newly completed auditorium for his Garland congregation. Doctor Brooks began his religious training at Dallas Bible Institute. In 1946 he was ordained by elders of Mount Auburn Church of Christ. He later served as minister of three local churches at different times, and produced two daily radio programs. For the past 10 years he has directed the production of the weekly "Good Tidings" broadcast.—*Dallas (Texas) Times Herald.*

90-Year-Old Has Interesting Collection

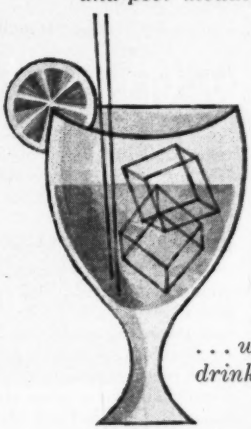
His lifelong interest in firearms led Doctor Ross Armstrong to amass a gun collection for which he has earned widespread recognition. He recently sold 138 guns to a dealer, keeping about 50 of his favorites, which include a flintlock rifle brought down the Ohio in 1788 by one of the original 48 settlers at Camp Martius, a flintlock pistol such as Washington or Lafayette might have used, an 1840 vintage colt percussion pistol, and a replica of Daniel Boone's famous rifle. Doctor Armstrong does some of his own repair work, and prides himself on keeping most of his relics in working order.—*Marietta (Ohio) Times.*

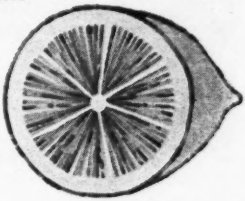
Dentist Turns Artist

About five years ago Doctor Yela Brichta of New York City, gave up her dental practice to devote full time to drawing, sculpture, and painting. The Hungarian-born artist explained that the qualities "that made

(*Continued on page* 76)

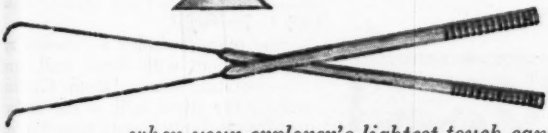
. . . when brushing is painful and poor mouth hygiene results





. . . when acid fruits are not fully enjoyed

. . . when hot or cold food and drink cannot be tolerated



. . . when your explorer's lightest touch cannot be endured

put your patient on

Thermodent™

Tooth Paste . . . *for hypersensitive teeth*

The most recent report[1] on Thermodent, in which 74 patients were studied, states that 77% realized moderate to complete relief of hypersensitivity. In increasing numbers, patients who formerly could be treated only occasionally now enjoy *continuous* relief through routine brushing with this "at-home" adjunct to office therapy. Not only can they tolerate hot and cold food and drink in comfort, but daily brushing without pain is once again possible. Regular use of Thermodent also helps to overcome the discomfort of dental instrumentation.

Promoted only to the dental profession, Thermodent is available in 2-oz. tubes at all pharmacies.

1. Abel, I.: Oral Surg. *11*:491, (May) 1958.

Thos. Leeming & Co., Inc. 155 East 44th St., New York 17, N. Y.

me a good dentist have helped me in art too." In both, she said, you need "intuition" and "sensitivity of fingers."

"I love my profession, and I thought I would miss it. But strangely enough I haven't," Doctor Brichta confided. "I guess I really haven't had the time!" Doctor Brichta obtained a medical degree after training in Hungary and Vienna, and then came to the United States where she received degrees in dentistry (including oral surgery) at the University of Pennsylvania.—*Washington (DC) Star.*

Gives Patients A View

Doctor Kenneth Greiner of Chesterland, has added a 400-square-foot dental office area to his home. He has taken advantage of the many trees on his 3/4-acre lot by installing large picture windows in his office room. "The view gives the patients something else to think about," Doctor Greiner said.

The office includes a paneled reception room with stone wall, and two operating rooms. Doctor Greiner put up the stone wall in the reception room, built countertops for his operating rooms, and made the desk in his reception room. He also built much of the furniture in the home, including a room divider cabinet of pegboard, plywood, and copper pipes. He did the electrical wiring in the house, and moved all the fixtures in the kitchen so that it would look more like a dining area.—*Cleveland (Ohio) Press.*

Post-School Shop For Retarded

Special classrooms are set up for retarded children in some schools systems; but even then, because of too little space, they are turned out at the age of 16 to drift into the ranks of the unwanted. The Mon-Valley Wing of the Washington County Chapter, Pennsylvania Association for Retarded Children, with Doctor Paul Ivill of Monongahela as

(*Continued on page* 78)

building fund chairman, is setting up a post-school workshop for the youths. Here the young people will be taught simple crafts and assembly techniques ranging from rug-weaving to finishing woodwork.—*Pittsburgh (Pennsylvania) Press.*

Makes Mouthpieces for Fighters

A former amateur lightweight boxer, Doctor Walter H. Jacobs, of New York City, attends fights expressly to watch his mouthpieces oppose other dentists' mouthpieces. He has made 2030 of them. Doctor Jacobs notes with pardonable pride that none of his mouthpieces has been broken, chipped, or split. But occasionally, when knocked out of a fighter's mouth, one flies out of the ring and comes close to landing in Doctor Jacobs' lap.—*New York Times.*

Talent For Handiwork

Lieutenant Colonel John T. Morrison, who is now assigned to the Perrin Air Force Base, Texas, has developed his off-duty interests into many hobbies. He is a sculptor, welder, machinist, mechanic, and does a little of everything. He started with some of the usual hobbies such as jewelry making and photography, but soon graduated to more difficult efforts, including miniature steam locomotive and electronic organ construction, and antique automobile restoration.

While in Japan he became interested in hi-fi sets and assembled one of his own. Hobby books on this subject led him to try his hand at constructing an electronic organ. He ordered a kit to build his first tone generator. Then, finding 12 such generators were needed in the organ, he did not bother with kits but fashioned his own from separate generators, power packs, and tone filters.

(*Continued on page* 80)

How quickly does a liquid pass through the mouth?

The answer to this question will help illuminate the relative caries-producing potential of various foods.

Recent dental research[1, 2, 3] shows that because liquids pass quickly through the mouth, they leave only minimal residue on gums or teeth. Therefore, they provide little opportunity for action by enzymes present.

Specifically, soft drinks are found to have virtually no relationship to oral conditions involved in the acidogenic theory. They may be fully enjoyed for their wholesome and beneficial qualities. Their taste encourages needed liquid intake. They provide quick energy pick-up and ready refreshment.

[1] Shaw, Jas. H., Caries-producing Factors; A Decade of Dental Research, J. Am. Dent., A., 55:785 (Dec.) 1957.

[2] Ludwig, T. G., and Bibby, B. G., Acid Production from Different Carbohydrate Foods in Plaque and Saliva; Further Observations Upon the Caries-Producing Potentialities of Various Foodstuffs, J. Dent. Research, 36:56 (Feb.) 1957.

[3] Bibby, B. G., Effect of Sugar Content of Foodstuffs on Their Caries-Producing Potentialities, J. Am. Dent. A., 51:293 (Sept.) 1955.

American Bottlers of Carbonated Beverages

WASHINGTON 6, D. C.

It took him about ten days to put together the first generator and by the time he got to the twelfth he did it in 45 minutes.—*Washington (DC) Air Force Times.*

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Mrs. Rita Hibay, 803 Collier Avenue, Carnegie, Pennsylvania

Mrs. A. Sanderson, Box 542, Victorville, California

Mrs. R. E. Trubee, 220 South Cassady Avenue, Columbus 9, Ohio

Gladys Brown, 1718 West 11th Avenue, Corsicana, Texas

Mrs. Lyle Eifler, 124 Acme Street, Marietta, Ohio

Jane Jacobson, 1812 G Street, NW, Washington 6, DC

Mrs. Kenneth Taylor, Box 274, Hiram, Ohio

D. D. Canterman, P. O. Box 869, Butler, Pennsylvania

Thomas Cangelosi, 85-84 66 Avenue, Rego Park 74, New York

J. L. Johnson, 307th OMS, Lincoln AFB, Nebraska

DEAR ORAL HYGIENE

(*Continued from page* 56)

More Education, Not Less!

I have just read Doctor H. G. Frankel's article DO YOU WANT YOUR SON TO BE A DENTIST?[2]

This is a stimulating article, but I surely hope Doctor Frankel does not want us to go backward in our education. He states, "We can shorten the predental education period, thereby saving some time and expense."

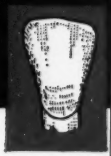
Some of us who are in dentistry realize how lacking our education has been, especially in the cultural and social science fields. We who realize this as a rule have had four years predental training, and are holders of at least a bachelor's degree.

Let us not be like the USSR and train in one field, but let us be well rounded. I feel physicians and dentists should have more well-rounded education than most other persons, because we deal with all sorts of people.—D. E. HOLTMAN, DDS, *Two Rivers, Wisconsin.*

NOW — anterior fillings
with the
lifelike lustre
of porcelain . . .
marginal seal of gold . . .
packing ease
of amalgam!

ACHATITE

reinforced filling material
high-strength glass fibers in a silicate base



Now — in one filling material — you get all the features you need for lasting, natural-looking restorations.
ACHATITE fillings have extremely high impact, biting and incisal edge strength . . . exceptional resistance to stain, shrinkage, washout. The material handles as easily as amalgam, sets in 4 to 5 minutes, creates no heat.
ACHATITE is recommended for all anterior fillings — for use in deciduous teeth — and for mouth breathers.
ACHATITE is supplied in 10 basic colors, providing a full range of blending and matching possibilities.

Write for detailed literature

Order from your ACHATITE dealer today

Satisfaction guaranteed

VIVADENT CORP.
30 PINE STREET, WOBURN, MASS.

LAFFODONTIA

Mother: "Does your boy friend ever tell you questionable stories?"

Daughter: "Oh no, I understand all of them perfectly."

★

Judge: "Your husband charges that you deceived him."

Young Wife: "On the contrary, your honor, he deceived me. He told me he was leaving town and he didn't."

★

Turned down for a date, the guy moaned: "I don't know what to do with my week-end."

"Why not put your hat on it," said the gal.

★

Nell: "My new boyfriend is so romantic. When he addresses me, he calls me 'Fair Lady.'"

Stell: "Don't let that throw you. Maybe he's a bus driver."

★

It could have been MacP . . . sitting in on a temperance lecture who jumped to his feet and yelled, "So do I," when the lecturer shouted: "I wish that all strong drinks were in the bottom of the sea." The lecturer thanked him joyfully and said:

"I am glad to know that you are a teetotaller."

"I ain't," said the interrupter, "I'm a deep sea diver."

★

A little girl was sent on an errand and when Mamma asked her why it took so long for such a short trip she said:

"I was watching the devil's funeral."

"The devil's funeral?" gasped Mama. "What on earth do you mean?"

"Well," said the little girl, "a couple of men were watching it and I heard one of them say to the other, 'The poor devil got hit with an automobile.'"

★

One youngster was telling another youngster about his dog.

"What kind of a dog is it?" asked the other youngster.

"Oh, he's just a mixed up kind—sort of a cocker scandal," said the first youngster.

★

Could have been the "cocker scandal" that complained to a dog friend of feeling "poorly-tired."

"Why don't you go to a psychiatrist?" asked his friend.

"No use," barked the complainer. "I am not allowed on couches."

★

And "psychiatrist" reminds us of the cannibal who went to one because he was fed up with people.

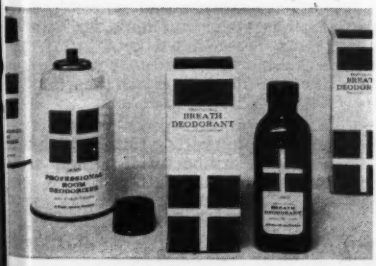
★

Some people have two ideas about a secret—it's either not worth keeping or it's too good to keep.

★

Only one man in a thousand is a leader of men. The other 999 are followers of women.

Now... Laclede® Antiseptic Breath Deodorant in new, handy spray dispenser



Added convenience is offered by the new, easy-to-use form of a quality product specifically compounded for dentists' odor-control requirements. Laclede Antiseptic Professional Breath Deodorant now comes in a plastic squeeze bottle. Its pocket size makes it suitable as an individual applicator for all dental office personnel. It takes little room on the bracket table for patient-appreciated chair use.

Economical as well as effective, the Laclede squeeze bottle provides hundreds of sprays of a fine mist with immediate and long-lasting breath-freshening action. As much or as little as desired can be dispensed as often as needed. It neutralizes odors from many sources—such as food, tobacco, medications, and bacteria.

Doctor, give your nose a break with Laclede odor-control therapy to make your work more pleasant and improve patient relations. Make personal contacts more agreeable by using Laclede breath deodorant in the new spray dispenser and in four-ounce bottles. Keep office atmosphere fresh and sanitary by three-times-daily spraying with the Laclede room deodorizer in the push-button can.

WHAT'S NEW

IN PRODUCT DESIGN— FUNCTION—ASSORTMENT

The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

14KL Treatment Cabinet—dimensions of base and working surface are identical to Steeltone instrument cabinets 16K12 and 16K13. Working surface material is Formica. New top provides sufficient space for autoclaves. Hamilton Manufacturing Co., Two Rivers, Wis.

Airmatic "F-G" Diamond Burs—available in eight sizes for all preparations. Standardization of the shape-aiding set makes automation of preparation. Are entirely coated with diamonds up to the friction grip. Mizzy, Inc., Clifton Forge, Va.

Caulk Cem—with new zinc compositions and new concepts of kiln temperatures and calcining periods. Powder and liquid merge effortlessly. Cement is of exceptional strength and extremely low film thickness. The L. D. Caulk Co., Milford, Del.

Surgical Air Turbine Unit—for use in oral surgery procedures and in the reduction of bone structures. Available complete with cabinet and compressor, or less compressor, or less cabinet and compressor. Weber Dental Mfg. Co., Canton, Ohio.

V-Neer—a new color stable, highly cross-linked veneer crown and bridge plastic. Can be either heat-cured or self-cured. Pre-blended (ready to use, ready mixed) plastic colors and shades that conform with New Hue shades with an added feature of natural fluorescence. The William Getz Corp., 7512 S. Greenwood Ave., Chicago 19, Ill.

Built-In View Box—all-Formica wall cabinet provides a convenient combination of built-in view box and medicament compartment. View box is at convenient eye level which can be mounted to slant up or down. The Valtronic Corp., 415 West 218th St., New York 34, N.Y. ,

Eve Proforma Crowns — plastic crowns for the construction of gold crowns and bridges. Simplified working technique. Burns out without residue. Medidenta, 1420 6th Ave., New York 19, N.Y.

Perf-Cast—to improve results when making castings of any kind. Has two actions—surface tension reducing to eliminate bubbles on pattern or die, and temperature control to eliminate distortion. Buffalo Dental Mfg. Co.,2911 Atlantic Ave.,Brooklyn.

Gum-Aid Denture Ointment—an analgesic healing ointment for denture wearers. Now available in 24-tube package; also 6 tube package. Reliance Dental Mfg. Co., 10316 S. Throop St., Chicago, Ill.

Hydrexol—a new formula which removes excess moisture, oil, etc. from preparations in which silicate or plastic are to be placed. Pleasantly flavored. Charles W. Rode Associates, Box 246, Los Angeles 32, Calif.

BlueDisc—features a specially compounded premium abrasive to give amalgam and gold restorations high polish quickly, without overheating. ⅝" disc fits any screw-shank mandrel. Daleco Products, Inc., 1068 Mission St., San Francisco, Calif.

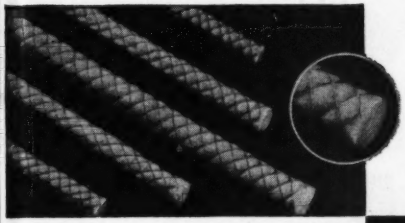
Cast-Forms—a new sheet in 3 gauges (22, 24, and 26) now available. Pattern has its best use in the palatal and saddle areas of cast partials. More than 30 designs now available. Julius Aderer, Inc., 21-25 44th Ave., Long Island City 1, N.Y.

Crown and Bridge Splint Acrylic—and easy-to-use-and pourable self-curing powder and liquid tooth acrylic. Is cross-linked and color-fast. Available in 5 shades. Julius Aderer, Inc., 21-25 44th Ave., Long Island City 1, N.Y.

Powdalator-ES—an antibiotic-sulfanilamide for post-extraction wounds. Provides antibacterial action in a convenient insufflating device and

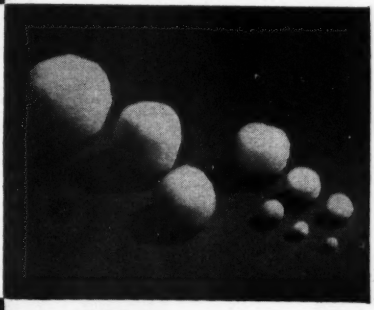
(*Continued on page 88*)

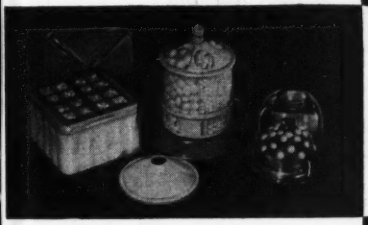
RICHMOND DENTAL COTTON ROLLS



More absorbent, convenient, comfortable. Bend easily, fit snugly. All cotton, no starch, non-irritating. Economical.

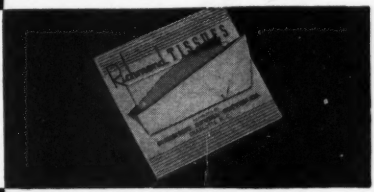
COTTON PELLETS & BALLS
NINE sizes to meet every need. Firmly spun from selected long-staple cotton, uniform in size and cotton content, free of nibs and wispy ends. Richmond makes them soft and well-formed—and of course they are highly absorbent.

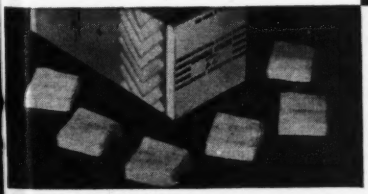




PELLET DISPENSERS
Temple, Revolving, Beehive. Sturdy, attractive, long-lasting; refills available in easy-to-use cartridge boxes or standard cartons.

TISSUES
Soft, absorbent, sturdy. Patients like the dispenser box, a convenient size for instrument tray; 2-ply, 5" x 8¼".





EXODONTIA SPONGES
Sterile or *non-sterile* packing. All gauze or cotton filled. Convenient, economical, absorbent. All cut edges lie in center.

Write for testing samples.

"Manufactured Where Grown"

RICHMOND DENTAL COTTON COMPANY
1100 HAWTHORNE • CHARLOTTE 1, N. C.

in just 10 seconds

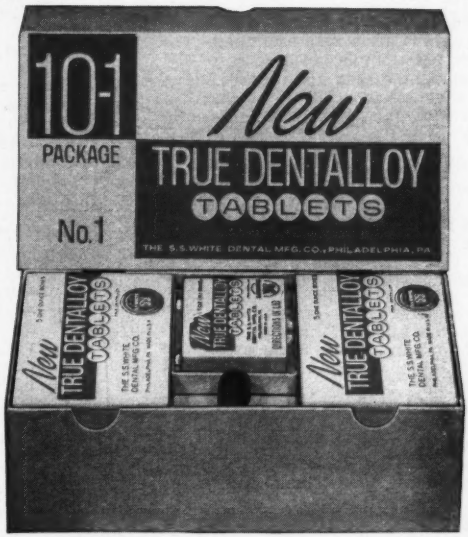
you get amalgamation with

One tablet and 9 grains* of mercury, placed in our new green capsule with ringed pestle, amalgamates in 10 seconds in an S. S. White Amalgamator and provides the same outstanding results as are obtained with New True Dentalloy in bottles or Sigrens. Unique package prevents annoying flaking or breaking. Order today.**

**One dispensing from S. S. White Mercury Dispenser weighs 9 grains.*
***For one Zinc-Free Dentalloy tablet allow 15 seconds.*

THE S. S. WHITE DENTAL MANUFACTURING CO., PHILADELPHIA 5, PENNA.

TRUE DENTALLOY
SIGRENS



New True Dentalloy TABLETS

DISPENSER PACKAGES†
NO. 1D—NEW TRUE DENTALLOY $29.00
NO. 2D—ZINC-FREE TRUE DENTALLOY .$29.00

PACKAGES‡
NO. 1—NEW TRUE DENTALLOY $27.50
NO. 2—ZINC-FREE TRUE DENTALLOY ..$27.50

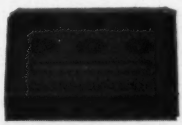
ntains 11 1-oz. boxes tablets, mercury dispenser, capsule and pestle.

ntains 11 1-oz. boxes tablets, capsule and pestle.

SULE HOLDER....$1.00 CAPSULE AND PESTLE....$1.50
LGAMATOR NO. 3, BLACK $55.00 IN COLOR $59.50

PROTECTIVELY PACKAGED AGAINST FLAKING AND BREAKING

75 tablets to the ounce-held securely in foam nesting and felt pad top.



package . Abbott Laboratories, North Chicago, Ill.

Rinsof—a detergent especially formulated for cleaning dentures, partials, cast metal work, burs, etc. Available in unbreakable plastic bottles which will not break regardless of temperature. Surgident, Ltd., 3871 Grand View Ave., Los Angeles 66, Calif.

Analgesia Apparatus—makes routine use of gas analgesia safe and practical. Features simple, positive control of amount of gas administered. Patient is conscious at all times. The Foregger Co., Inc., Rosyln Heights, L.I., N.Y.

Bien Air Turbine—250,000 to 300,000 rpm. Automatic chuck allows operator to vary length of any bur or diamond point and eliminates use of different shank lengths. Union Broach Co., Inc., 80-02 51st Ave., Elmhurst 73, N.Y.

Audiac—dentistry performed with sound as an analgesic. Brings patient two kinds of sound: music which gives a realistic three-dimensional effect, and a specially developed "masking" sound. Comes complete with special earphones, patient's control and a varied selection of programs for adults and children. Ritter Co., Inc., 1902 Ritter Park, Rochester 3, N.Y.

Sor-eez—for dependable, accurate denture adjustment. Relieves denture sore spots and aids healing. Contains analgesic and adhesive ingredients. Professional Chemical Corp., 240 Danbury Circle North, Rochester 18, N.Y.

Rocky Mountain 700—the new passivator gives orthodontists the fastest, most effective means of polishing and finishing appliances. Can also be used to round corners of dimensional wires and to spot reduce wires and materials. Rocky Mountain Metal Products Co., Denver, Colo.

Revelation Diamond Instruments—precision balanced for cool, fast, smooth cutting. Diamond distribution carefully controlled. Particles securely held by a new plating process. Instruments for straight hand pieces and latch-type handpieces ar designed for use at intermediat speeds, and the F.G. for ultra hig speeds. The S. S. White Dental Mf Co., Philadelphia 5.

Cosmos Premium Package Offer—completely automatic and immersibl "Coffee Maker" is included grat with various quantity purchases Densene denture bases. Cosmos Den tal Products, Inc., 43-30 22nd Ave Long Island City 1, N.Y.

Pronto Crowns—prefabricated acry ic jacket crowns available in attrac tive leatherette cases containing a assortment of 24. Made up to specifi cations, in combinations of 4 shade Arrow Dental Products, P.O. Box 7 Detroit 21, Mich.

Fleck's Orthodontic Pak — plasti bottles feature a self-sealing, dro retractable tip which eliminates th cork, cork screw and pipette assem bly normally used. Contains 1 bottl Powder and 2 bottles Liquid. Whe pressure is released on bottle, liqui remaining in neck is retracted. Whe cap is rescrewed, bottle is agai sealed. Mizzy, Inc., Clifton Forge, Va

Fleck's Cement—each 12-pack con tains 2 six-bottle sets. Each six bottle set has individual tray wit plastic cover. Available in any as sortment of colors or liquids. Mizzy Inc., Clifton Forge, Va.

AcuVision—infra-red heatwaves ar transmitted through back of Acu Vision reflector, away from denti and patient. Features Transther Cooling, High-Vi Lighting, Panora mic Pattern and Daylight Colo Balance. Spectral colors for accurat color matching are retained in prope proportion. Ritter Co., Inc., 190 Ritter Park, Rochester 3, N.Y.

Carbocaine—onset is very rapid, fre quently reported as immediate. N allergic reactions to the new drug Remarkably well tolerated, both lo cally and systematically. Available i cans of 50 Carpule Brand Cartridges Cook-Waite Laboratories, 1450 Broad way, New York 18.